	ICFA-PM-91-8 ctober 1991	(MB)	SUPPLEMENT 11 1 Page 1 OMB No.:	O ATTACHMENT 2.6-A
State/Terr	itory:	INDIANA		
Citation		Condition	on or Requirement	
			SS METHODOLOGY FOR ON BENEFICIARIES	N/A
1902(u) of the	such pay agency s	ments are pecifies		ncy only if effective. The in determining cost e following methods:
	The m	nethodolog	y as described in S	MM section 3598.
	Anoth	er cost-e	effective methodolog	y as described
TN No. 91-22 Supersedes TN No. $\rho e \omega$	Approval Dat	e 1-16	-92 Effective I	Date 1-1-92



HCFA ID: 7985E